



IN THE UNITED STATES DISTRICT COURT
DISTRICT OF TEXAS
DIVISION

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

Roger Uvalle 625717

Plaintiff's name and ID Number

Michael unit, 2664 FM 2054

Tennessee Colony, Texas 75886

Place of Confinement

CASE NO:

(Clerk will assign the number)

v. (P.O. Box 99)

Lori Davis, Huntsville, TX 77349

Defendant's name and address

Defendant's name and address

Defendant's name and address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

I. PREVIOUS LAWSUITS:

A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? ✓ YES _____ NO _____

B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: about 2,005 or 04 Lost info, and find it
There were about 8 lawsuits against guards, Doctor, District attorney
Kelly Weeks

2. Parties to previous lawsuit:
Plaintiff(s): _____

Defendant(s): _____

3. Court (If federal, name the district; if state, name the county) Aske House District
Harris County

4. Docket Number: _____

5. Name of judge to whom case was assigned: Don't know

6. Disposition: (Was the case dismissed, appealed, still pending?) I don't know

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Michael Unit, 2664 FM 2094, Tennessee Colony, Texas 75886

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? Yes YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system. But I lost and can't find them

IV. PARTIES TO THE SUIT:

A. Name or address of plaintiff: Name Wardens of Several Prison Units that Name were in grievances

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: It was also Sgt/s / Lts, Majors, Captain s all names were in grievances

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

No recreation, exercise outside cell, no showers for long time

Defendant #2: Very little food, unsanitary, toxic, no clean clothes, under were towels for long time

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

No proper Medical or Mental Health care therapy

Defendant #3: in affective grievance services, denial access to courts, messing with my mail not

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

letting me get mail with from Civil Rights organization

Defendant #4: No proper Exhaust ventilation, Discrimination against mental ill persons. prolong Isolation

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Campaign of Harassment and Retaliation for writing

Defendant #5: Complaints for these issues I mentioned

Oh No radio reception, there's more but can't find it

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

and can't remember. A couple of different people

Exhausted Complaints for me ~~but~~ but lost it some where in my property. I might still have them but struggle to find them because voices and evil spirits wont let me. They work with TOC

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases or statutes. If you intent to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Most of the same thing happen in the last 3 prisons I was in since about 2,010 in Adequate out of cell exercise, Inadequate shower daily, In Adequate daily exchange of clean Underwear, towels, In Adequate food, Sanitation and food Services (mostly in Michael's and Gil Lewis on the food), Inadequate medical treatment for my medical and mental health illnesses. Prolong Isolation Since 1993 No school, no education programs, no skills to learn to work for myself for when I get out - Discrimination and mistreatment of mentally ill person. Rehabilitation at Harvard for complaining for these issues thru grievances and letters, authors made my mental illness worse and mess up my thyroid to the point I can't take care of my self, clean my self, clean cell, do any thing I use to do

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes. Give more recreation every day 2 hours day room and 2 hours outside, everyday showers and clean towels and clean cloth, more food or more clean sanitary trays and hot, school programs work classes, art class Computer in cell where we can have these programs and watch TV and Radio more physical and mental therapy, make out work time and good time Count down something or pay us money for work and Slavery - give me proper treatment for my thyroid

VII. GENERAL BACKGROUND INFORMATION: and other conditions I have. I'm exhausted.

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Rafael Chavez, Godfather, Senio, Vikes, Antonio Rogelio Uvalle

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

556928, 625717, 489698

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): Houston/Harris County
2. Case Number: Civil Remembrance
3. Approximate date sanctions were imposed: about 2,006
4. Have the sanctions been lifted or otherwise satisfied? YES NO Don't know

C. Has any court ever warned or notified you that sanctions could be imposed? YES NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed.
(If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): Houston district
2. Case number: do not remember
3. Approximate date warning were imposed: 2,006

Executed on: 8-31-18
(Date)

Roger Uvalle
(Printed Name)
Roger Uvalle
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire **\$350** filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

friday
Signed this 8-31-18 day of Aug 18, 20 18.
(Day) (Month) (Year)

Roger Uvalle
(Printed Name)
Roger Uvalle
(Signature of Plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

To Condone on Claims

any little simple Task. gets me tired causes me to fall asleep. I sleep about 15 hours a day for over 15 years caused me to do have bad allergies for a long time and still have them. All my bones hurt, my heart Beats wrong, causes my chest to jump wildly while I'm asleep, I have bad shakers and reflexes of arms and legs.

have chronic allergies, chronic Rashes, chronic irregular bowel movement ~~every~~ twice a week, chronic ear aches, I can't breath normal, My Vision got messed up - there's more but can't remember. These here are caused by these conditions of confinement

Want 10 Million Dollars because unrepairable damage, have to be like this for the rest of my life. —